g 2007 W	5 no person	U.S.	Patent and T	rademark Office: 1	PTO/SB/21 (09-04) through 07/31/2006. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.	
	2. 110 BC/DOI1	Application Number	10/658,679			
TRANSMITTAL	Filing Date	09/09/200	09/09/2003			
FORM		First Named Inventor	Michael Jo	Michael John Shea		
(to be used for all correspondence after initial filing)		Art Unit	2616	2616		
		Examiner Name	Melvin C. I	Melvin C. Marcelo		
		Attorney Docket Number 3917				
Total Number of Pages in This Submission						
	ENC	LOSURES (Check a	li that apply)		
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request		awing(s) censing-related Papers etition titition to Convert to a ovisional Application over of Attorney, Revocation hange of Correspondence Address reminal Disclaimer procedures for Refund D. Number of CD(s) Landscape Table on CD		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Credit Card Payment Form PTO-2038; and Return Postcard		
Reply to Missing Parts under 37 CFR 1.52 or 1.53	TURE C	OF APPLICANT, ATTO	ORNEY, C	OR AGENT		
Firm Name			, -			
BECK & TYSVER, P.L.L	`` —					
Signature \(\)						
Printed name Daniel A. Tysver						
Date Nov. 15, 2007 Reg			Reg. No.	eg. No. 35,726		
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pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						
FEE	TRANSMITTAL					

Effective on 12/08/2004

For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,230.00

Complete if Known					
Application Number	10/658,679				
Filing Date	09/09/2003				
First Named Inventor	Michael John Shea				
Examiner Name	Melvin C. Marcelo				
Art Unit	2616				
Attorney Docket No.	3917				

METHOD OF PAYMEN	METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order Other (please identify):							
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Charge fee(s)) indicated b	elow		Char	na faels) indic	ated helow exc	cept for the filing fee
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under 37 CFF	R 1.16 and 1.	.17			it any overpay		
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FEE CALCULATION	011 F 1 O-2000						
1. BASIC FILING, SEAF						TION CEEC	
	FILING	Small Entity		H FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	ES			-			Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 200 100							
Multiple dependent claims 360 180							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = x = Fee (\$) Fee Paid (\$)						Fee Paid (\$)	
HP = highest number of total	l claims paid fo					Fee (v)	ree Falu (4)
Indep. Claims	Extra Clair			aid (\$)			
3 or HP = x =							
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =							
						=	
	Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): Three-Month Extension Fee (large entity); Supplemental IDS Fee 1,230							

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SUBMITTED BY	\bigcirc \bigcirc \bigcirc			-
Signature	X LICELY	a	Registration No. (Attorney/Agent) 35,726	Telephone 612-915-9633
Name (Print/Type)	Daniel A. Tysver			Date 1)01.15,2007

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